



Your business  
is our business.

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770  
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October 11, 2013

**By Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Coleman County Telephone Cooperative, Inc.  
Study Area Code 442057**

Dear Ms. Dortch:

On behalf of Coleman County Telephone Cooperative, Inc. “Coleman County”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.<sup>1</sup> Coleman County seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<010> Study Area Code	442057
<015> Study Area Name	COLEMAN COUNTY CO-OP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Tim Humpert
<035> Contact Telephone Number: Number of the person identified in data line <030>	325-348-3124
<039> Contact Email Address: Email of the person identified in data line <030>	timh@web-access.net

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting <span style="float: right;">(complete attached worksheet)</span>	(check box when complete)	(check box when complete)
<200> Outage Reporting (voice) <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice) <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband) <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <span style="float: right;">1.0</span>		
<420> Mobile		
<430> Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 442057tx510 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations <span style="float: right;">(check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 442057tx610 <span style="float: right;">(attached descriptive document)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates <span style="float: right;">(complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <span style="float: right;">(if yes, complete attached worksheet)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability <span style="float: right;">(check to indicate certification)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <span style="float: right;">(attach descriptive document)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <span style="float: right;">(if not, check to indicate certification)</span>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110> <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers <span style="float: right;">(complete attached worksheet)</span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	325-348-3124
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]



FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<711>

-- See attached worksheet --
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FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	325-348-3124
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net
<810>	Reporting Carrier	Coleman County Telephone Cooperative, Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	325-348-3124
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

\_\_\_\_\_  
Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
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<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	325-348-3124
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	442057tx1210 <hr/> Name of attached document (.pdf)
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<1220> Link to Public Website	HTTP <hr/>
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442057
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<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	325-348-3124
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}


**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.


- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442057
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	325-348-3124
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	442057tx3017
(3018)	If the response is no on line 3014, Is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	442057
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<030>	Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035>	Contact Telephone Number - Number of person identified in data line <030>	325-348-3124
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	442057
<015> Study Area Name	COLEMAN COUNTY CO-OP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tim Humpert
<035> Contact Telephone Number - Number of person identified in data line <030>	325-348-3124
<039> Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Dee Dee Longenecker</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Dee Dee Longenecker
Name of Reporting Carrier:	COLEMAN COUNTY CO-OP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Tim Humpert
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	325-348-3124
Study Area Code of Reporting Carrier:	442057 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	COLEMAN COUNTY CO-OP
Name of Authorized Agent or Employee of Agent:	Dee Dee Longenecker
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Dee Dee Longenecker
Title or position of Authorized Agent or Employee of Agent:	Manager - Regulatory Affairs, JSI
Telephone number of Authorized Agent or Employee of Agent:	512-338-0473
Study Area Code of Reporting Carrier:	442057 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	442057
<015>	Study Area Name	COLEMAN COUNTY CO-OP
<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	325-348-3124
<039>	Contact Email Address - Email Address of person identified in data line <030>	timh@web-access.net
<810>	Reporting Carrier	Coleman County Telephone Cooperative, Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]



## Coleman County Telephone Cooperative, Inc.

### Response to Lines 500-510 - Service Quality Standards and Consumer Protection Rules

#### Compliance

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

Coleman County Telephone Cooperative, Inc. (“Cooperative”) hereby certifies that it complies with applicable service quality standards and consumer protection rules under the Texas Administrative Code, Title 16, Part II, as established by the Public Utility Commission of Texas. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff which discloses rates, terms and conditions of service to customers pursuant to Subchapter J requirements in Sections 26.201-26.230; (2) adherence to state consumer protection requirements governing telephone providers as identified in Subchapter B, in Sections 26.21-

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

26.37; and (3) service quality standards requirements as identified in Subchapter C, Sections 26.51 -26.57.

In addition, the Cooperative complies with numerous federal consumer protection standards including, but not limited to: (1) Truth-in-Billing Rules outlined in 47 CFR § 64.2401; and (2) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

**Coleman County Telephone Cooperative, Inc.**

**Response to Lines 600-610 - Ability to Function in Emergency Situations**

Coleman County Telephone Cooperative, Inc. (“Cooperative”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)<sup>1</sup> and the Texas Administrative Code. The Cooperative’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Cooperative can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Cooperative to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Cooperative is able to function under emergency operations in accordance with Public Utility Commission of Texas Substantive Rules §26.51 *Reliability of Operations of Telecommunications Providers* and §26.52 *Emergency Operations* which include obligations for continuity of service and emergency operations planning and service provision capability for dominant carriers. Any central office not equipped with permanently installed standby generators contains as a minimum four hours of battery reserve without voltage falling below the level required for proper operation of all equipment. In addition, all central offices without installed emergency power facilities have a mobile power unit available which can be delivered and connected on short notice.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

## Coleman County Telephone Cooperative, Inc.

### Rates, Terms and Conditions for Lifeline Service

**(Response to Form 481, Line 1210)**

Local exchange service rates and charges as specified below are for basic local exchange service, including Tone Dialing Service, and facilities only. The rates for other ancillary services not specifically shown below are presented in Coleman County's Telephone Cooperative's tariff(s) on file with the Public Utility Commission of Texas. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates<sup>(1)(2)</sup>:

<b>Exchange Name</b>	<b>R-1 Rate</b>	<b>Res. ELCS Charge</b>
Burkett	\$ 12.65	
Lake Coleman	\$ 12.65	
Mozelle	\$ 12.65	
Rockwood	\$ 12.65	
Santa Anna	\$ 12.65	
Valera	\$ 12.65	\$3.50

<sup>(1)</sup> Above listed fees do not include mandatory taxes, fees and surcharges, including, but not limited to Texas Universal Service Fund charges, 9-1-1 fees, and municipal franchise fees.

<sup>(2)</sup> Qualified Lifeline customers are eligible for Lifeline credits or discounts as outlined in the attached Lifeline tariff.

**MEMBER SERVICES TARIFF**

**LOCAL EXCHANGE SERVICE**

**IV. LIFELINE SERVICE**

**A. GENERAL**

1. Lifeline Service is a retail local service offering sponsored by the FCC and available to qualifying low-income consumers.

2. Consumers qualifying for Lifeline Service are offered the services or functionalities enumerated in 47 Code of Federal Regulations §54.101(a) (relating to Supported Services for Rural, Insular and High Cost Areas).

3. The Cooperative shall offer toll restriction at no charge to all qualifying low-income consumers at the time such consumers subscribe to Lifeline Service. If the consumer elects to receive toll restriction, that service shall become part of the consumer's Lifeline Service.

4. A customer otherwise eligible to receive the Lifeline Service shall not be prohibited from obtaining and using telecommunication equipment and services designed to aid such customer in utilizing qualifying telecommunication services.

5. Lifeline Service rate reductions only apply to basic service and do not apply to long distance service, 976 and other information provider services, or any other optional services or functionalities (i.e., custom calling features, construction, etc.) which may or may not be tariffed. Customers may subscribe to such services including bundled service, where available, at their discretion, although the Lifeline Service reduction will only apply to the basic service charges of the bundled service.

6. The Lifeline Service rate reductions do not apply to service connection charges, except that customers eligible for the Tribal Link Up America program may receive a reduction in applicable service connection charges, as set forth in Section 5 of this tariff.

7. Lifeline Service will not be available on a retroactive basis except at the direction of the Low Income Discount Administrator or the Commission.

8. The Cooperative will waive monthly number portability charges, subject to its tariff, for the Lifeline customer.

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**MEMBER SERVICES TARIFF**

**LOCAL EXCHANGE SERVICE**

**IV. LIFELINE SERVICE** (Continued)

**A. GENERAL** (Continued)

9. The Cooperative will waive monthly number portability charges, subject to its tariff, for the Lifeline customer.

**B. Eligibility Requirements**

1. The discounted service will be provided for one (1) residential telephone line per household, at the subscriber's principal place of residence.

2. The applicant must certify that their annual household income is at or below 150% of the federal poverty guidelines participate, be an eligible resident of Tribal lands, or have a person or child who resides in the customer household who participates in, one of the following programs:

- Medicaid
- Food Stamps
- Low-income Home Energy Assistance Programs (HEAP)
- Supplemental Security Income (SSI)
- Federal public housing assistance
- State Child Health Plan

**3. Procedures for Establishing Lifeline Discounts**

(a) Consumers within the Cooperative's service area identified as eligible for Lifeline Service by the Texas Low-Income Discount Administrator (LIDA) through the automatic enrollment process under Commission Substantive Rule 26.412, shall be provided Lifeline Service discounts unless the Cooperative receives a customer request to be excluded from such discounts. Consumers who are eligible for Lifeline Service but do not have telephone service at the time the LIDA provides its eligibility list to the Cooperative are responsible for contacting the Cooperative and initiating a request for service from the Cooperative.

**MEMBER SERVICES TARIFF**

**LOCAL EXCHANGE SERVICE**

**IV. LIFELINE SERVICE** (Continued)

**B. Eligibility Requirements** (Continued)

3. Procedures for Establishing Lifeline Discounts (Continued)

(b) LIDA shall provide the Cooperative with a monthly list of consumers eligible for Lifeline Service.

(c) Consumers who do not participate in one of the designated programs but who meet annual household income T qualifications by having an income at or below 150% of the federal poverty guidelines, may establish eligibility for Lifeline Service by contacting the LIDA.

(d) The discontinuance of the Tel-Assistance program effective September 1, 2001 allows the Cooperative to move Tel-Assistance customers to Lifeline Service. The Cooperative's exchanges of Burkett, Mozelle, and Santa Anna, provide a customers' local service rate under Tel-Assistance that is a greater benefit, therefore, they will continue to receive the grandfathered Tel-Assistance rate. For remaining Tel-Assistance customers who would not receive a greater benefit under Tel-Assistance Service rates, customers will be grandfathered at Lifeline rates. Rates will apply until the customer's service is discontinued or the customer is determined ineligible under this Section.

**MEMBER SERVICES TARIFF**

**LOCAL EXCHANGE SERVICE**

**IV. LIFELINE SERVICE** (Continued)

**B. Eligibility Requirements** (Continued)

4. Provision of Service

(a) The Cooperative shall provide Lifeline Service to all eligible consumers identified by the LIDA within its service area if the consumer is a customer of the Cooperative. The Cooperative shall begin reduced billing for those eligible low-income consumers.

(b) If the eligible consumer changes the telephone service to qualifying services or initiates new qualifying service, the Cooperative shall begin reduced billing at the time the change of service becomes effective or at the time the new service is established.

(c) The Cooperative will discontinue Lifeline Service discounts upon notice by the LIDA that a customer is no longer eligible.

(d) The Cooperative has provided a confidentiality agreement to the LIDA specifying the use of confidential client information is solely for providing Lifeline Service.



COLEMAN COUNTY TELEPHONE COOPERATIVE, INC.  
SANTA ANNA, TEXAS

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MEMBER SERVICES TARIFF  
LOCAL EXCHANGE SERVICE

IV. LIFELINE SERVICE (Continued)

C. Deposits

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1. The deposit requirements will be waived for Lifeline Service applicants who voluntarily elect to subscribe to Toll M Restriction Service.

**MEMBER SERVICES TARIFF**

**LOCAL EXCHANGE SERVICE**

**IV. LIFELINE SERVICE** (Continued)

**D. Lifeline Service Discounts**

1. Eligible consumers who subscribe to Lifeline Service will receive the following discounts:

(a) Federal Lifeline support amount. The Cooperative shall grant qualifying low-income consumers support of \$9.25 per month or equal to the support amount as directed by the Federal Communications Commission in Chapter 47 of the Code of Federal Regulations § 54.403 regarding Lifeline support.

(b) Additional state reduction. The Cooperative shall give qualifying low-income consumers a state-approved reduction of \$3.50 in the monthly amount of intrastate charges due.

**E. Service Charges**

1. Service charges do not apply when eligible customers with existing residential service convert to Lifeline Service.

2. Service charges apply when:

(a) at the time Lifeline Service billing is initiated, where existing eligible residential local exchange access service customers request additional features, such as special or custom calling features.

COLEMAN COUNTY TELEPHONE COOPERATIVE, INC.  
SANTA ANNA, TEXAS

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**MEMBER SERVICES TARIFF**

**LOCAL EXCHANGE SERVICE**

**IV. LIFELINE SERVICE (Continued)**

**E. Service Charges (Continued)**

2. Service charges apply when: (Continued)

(b) A customer receiving Lifeline Service voluntarily elects to convert to telephone service arrangements, which preclude Lifeline Service eligibility.

(c) New residential applicants (those without existing local exchange access service) eligible for the Lifeline Program will be subject to applicable service charges, except those new customers who qualify for the Tribal Link Up program as specified in Section 5 of this tariff.

3. Any subsequent moves or changes after the initial connection to Lifeline Service will be subject to applicable service charges, except for cases where the charges would be reduced under the provisions of Tribal Link Up Service.

**F. Payments and Disconnection of Service**

1. The Cooperative may not disconnect Lifeline Service for nonpayment of toll charges.

2. A Lifeline customer is required to adhere to the same bill payment policies applicable to all of the Cooperative's customers.

REDACTED - FOR PUBLIC INSPECTION

**REDACTED – FOR PUBLIC INSPECTION**

**COLEMAN COUNTY TELEPHONE COOPERATIVE, INC. (SAC 442057)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**